





Scholarship for Children of Members Application Form 2025

In cooperation with

Darke Rural Electric Cooperative, Inc.

Applications must be submitted to *Darke Rural Electric Cooperative, Inc.*Deadline Date: *February 15, 2025*

1) Are your parents/guardians per	manent residential members of Yes	No				
Darke Rural Electric Cooperative, Inc.?						
2) Have you received a "Full Ride" scholarship to the school of your choice?						
3) Are members of your family, or persons residing in your household, affiliated with any electric cooperatives / related entities (see rule 4)?						
-	d No to question 1) and/or Yes to questions 2) or 3) –					
Thank you for y	our interest in our scholarship, but you do not qualify.					
THE FIRST TWO PAGES OF T	HIS APPLICATION FORM MUST BE TYPED TO BE AC	CEPTED.				
Name:	Phone:	Phone:				
Student Email:	Parent Email:					
Parents' names:						
Parents' phones:						
Age:	Birthdate:					
Name of High School:						
Address of High School:						
By which college(s) or accredited techn						
Major(s)?						
Offi	cial School Transcript Must Be Attached.					
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Darke Rural Electric Cooperative, Inc. 1120 Fort Jefferson Rd. PO Box 278, Greenville, OH 45331-0278

OHIO'S ELECTRIC COOPERATIVES, INC. – 2025 SCHOLARSHIP FOR CHILDREN OF MEMBERS

Acti		activities in which you have # of Years	Remarks
CHOOL ACTIVITIES I	PERSONAL AC	CHIEVEMENT: (Such as	class officer, plays, athletics, music, etc.)
		ted in during your high scho	- · ·
Acti		# of Years	Remarks
PERSONAL ACHIEVEM	IENT: (Other)		
	` '	oned which will more fully	describe your past achievements, including
any work experience:			
A cti	vity	# of Voorg	Dama andra
Acu	1103	# of Years	Remarks
Atti		# of rears	Remarks
Au		# Of Tears	Remarks
Au	, 10,	# Of Tears	Remarks
Au	, 10,	# Of Tears	Remarks
Acti	,,,,,	# Of Tears	Remarks
			Remarks
STATEMENT OF APPLI	ICANT, PARE	NT OR GUARDIAN records are true, complete	and accurate. In addition, we acknowledge
STATEMENT OF APPLI We have examined this appand agree that the Cooperat	ICANT, PARE	NT OR GUARDIAN records are true, complete Electric Cooperatives, Inc. 1	and accurate. In addition, we acknowledge may disclose any or all of the information
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STATEMENT OF APPLI We have examined this app and agree that the Cooperat contained in this application employees of the Cooperati Date Must be original, handwritten signatures.	ICANT, PARE plication and the tive and Ohio's and the support or of Ohio's are to be affix	NT OR GUARDIAN records are true, complete Electric Cooperatives, Inc. 1 ting documents to the judge Electric Cooperatives, Inc.	and accurate. In addition, we acknowledge may disclose any or all of the information es of the scholarship competition and to any Official School Transcript must be attached Applicant's signature Parent / Guardian's Signature

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This page may	v be typed or hand written.			
Scholarship A	pplicant's Name:			
	This section is to be completed by the	High School Princ	cipal or Counselor.	
Applicant's in Since grade po	C RECORD cholastic record by years: Attach transcript formation must be confined to the official pint scales vary by district, please provide a ble 4.0") or include a copy and /or description	application form. brief explanation of	of your school's grade point scale	(e.g.
Class Rank:	Junior Year	Class Rank:	Senior Year	
Cumulative G	rade Point Average:			
ACT Composi	ite (if applicable):			
SAT Composit	te (if applicable):			
List Scholastic	Awards Won: (Local, county, district or sta	te)		
Print Name: _		Position:		
Signature:		Date:		
Attachments:				
One to	eacher recommendation no longer than 500	words		
Officia	al School Transcript			
One re	ecent photo of the applicant			